



LAPTOP PASS TAG REQUEST

The _____ requests _____
(Department) (Number)

numbered Carrying Case Tags for authorized laptop computer users. The tags should be sent to the following authorized representative:

Name: _____

Department: _____

Address: _____

Room: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Signature of Issuing Authority: _____

Printed Name of Issuing Authority: _____

Date: _____

Fax your request to:

Dave Humphrey
DGS External Affairs
410-333-5730